	Manifest cument No.	2. Pag		ation in t	he shaded areas ed by Federal		
3. Generator's Name and Mailing Address  Douglas Aircraft Co.  190th & Normandie  Torrance, CA 90502		A. State Manifest Document Number  86234248  B. State Generator's ID					
5. Transporter 1 Company Name 6. US EPA ID Num  J. C. Liquid Waste Disposal CADO58018	6. US EPA ID Number			C. State Transporter's ID  D. Transporter's Phone  E. State Transporter's 20 3 258-3137  F. Transporter's Phone			
9. Designated Facility Name and Site Address 10. USEPA ID Num CHEM-TECK SYSTEMS INC. 3650 E. 26th St. Los Angeles, CA 90023 C A T 0 8 0 0 3 3	G. State Facility's ID  H. Facility's Phone						
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Cont No.	ainers Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.		
Hazardous Waste Liquid NOS ORM-E NA9189	001	***	05000 	G	221		
	1.1						
d.	111		1111				
J. Additional Descriptions for Materials Listed Above  Alkaline Soap 5% Grease 2% 011 3% Water 90%		K. Han	dling Codes for	Vastes Li	Sted Above		
15. Special Handling Instructions and Additional Information  Guide #61  Use gloves, goggles, respirator - Do not go near open  If rejected return to DAC	flame	or i	nhale fum	es			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fu proper shipping name and are classified, packed, marked, and labeled, and are in all respects according to applicable international and national government regulations.  Unless I am a small quantity generator who has been exempted by statute or regulation under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce thave determined to be economically practicable and I have selected the method of treat minimizes the present and future threat to human health and the environment.	s in proper n from the he volume	conditio duty to and tox	n for transport b make a waste licity of waste g	y highway minimizat enerated	ion certification to the degree I		
Printed/Typed Name Donald C. Gerber  Sb  Signature				N IV	onth Day Year		
17. Transporter 1 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature  18. Transporter 2 Acknowledgement of Receipt of Materials  Printed/Typed Name  Signature					onth Day Year		
					onth Day Year		
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this Printed/Typed Name Signature	s manifest	except	as noted in Iten		onth Day Year		
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State of California—Health and Welfare Agency

(EPA 8700-22)

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Department of Health Services